

Case Number:	CM14-0125507		
Date Assigned:	08/15/2014	Date of Injury:	03/31/1999
Decision Date:	09/26/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, Pain Medicine and is licensed to practice in California and Washington. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old male who reported an injury on 03/31/1999. The mechanism of injury was the injured worker fell of a curb twisting his low back. The injured worker's medication history included Nucynta 50 mg 1 by mouth 4 times a day and Lyrica 25 mg 3 times a day as of 08/21/2013. The injured worker underwent urine drug screens. The diagnostic studies and surgical history were not provided. The documentation of 07/17/2014 revealed the injured worker had a pain level of 4-5/10 without medications and 3/10 with medications. The injured worker was noted not to have any side effects from the medications. The objective findings revealed the injured worker shifted positions frequency during his visit. There were no aberrant drug behaviors. The diagnosis included lumbago and chronic pain syndrome. The injured worker had a current CURES Report and signed pain contract. The treatment plan included utilization of the medications and use of Sertraline due to improvement in anxiety. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

2 Prescriptions of Nucynta 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic)Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was documentation the injured worker had an objective decrease in pain and had no side effects. However, there was a lack of documentation of objective functional improvement. The documentation indicated the injured worker had utilized the medication since at least 08/2013. There was a lack of documentation indicated a necessity for 2 prescriptions. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 2 prescriptions of Nucynta 50 mg #120 is not medically necessary.